

**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

**1. APPLICANT INFORMATION: (Please Type or Print Clearly)**

\*Applicant's Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

\* Business name must be the same name submitted with the applicant's bid or proposal.

**2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)**

Department of Labor ID# \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

**3. APPLICANT IS: (Check Only One Box)**

- ☐ CORPORATION    ☐ S CORPORATION    ☐ TAX EXEMPT ORGANIZATION
- ☐ INDIVIDUAL (SOLE PROPRIETOR)    ☐ PARTNERSHIP    ☐ ESTATE    ☐ TRUST
- ☐ LIMITED LIABILITY COMPANY    ☐ LIMITED LIABILITY PARTNERSHIP
- ☐ SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)

**4. EMPLOYEES:**

(a) Do you currently have any employees performing services in the State of Hawaii?

☐ YES    ☐ NO\*

\*If answered "no", please complete question 4(b).

(b) Will you in the future have any employees performing services in the State of Hawaii?

☐ YES\*    ☐ NO

\*If answered "yes", please complete below.

**Date of Employment** \_\_\_\_\_

**Scope of Services** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

**NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

FOR OFFICE USE ONLY

BUSINESS START DATE IN HAWAII  
IF APPLICABLE

/ /

DLIR Log No. \_\_\_\_\_

Date Received \_\_\_\_\_

Unemployment Insurance Division  
Approval Stamp

Disability Compensation Division  
Approval Stamp

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.****PLEASE TYPE OR PRINT CLEARLY.****SEE BELOW FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request.****5. SIGNATURE:**\_\_\_\_\_  
PRINT NAME  
Executor\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee,\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
TELEPHONE\_\_\_\_\_  
FAX**FILING INSTRUCTIONS FOR THE  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website ([www.dlir.state.hi.us](http://www.dlir.state.hi.us)). On the DLIR website scroll down to Employer Forms and click on LIR #27.

**SUBMIT** (mail, fax, or deliver) completed application **only to** the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE\***. Allow up to 7 business days for processing.

* Administrative Services Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899	Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929	Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219
East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460	West Hawaii District Office Ashikawa Building 81-990 Halekii St., #2087 Kealahou, HI 96750 Ph: (808) 322-4808 Fax: (808) 322-4813	
Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071	Kauai District Office 3060 Ewa St., #202 Lihue, HI 96766 Ph: (808) 274-3351 Fax: (808) 274-3355	